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ABSTRACT

The brief critical examination focuses on existing special education practices in schools in which diagnosis is said to have become a suspicion confirming exercise. Labeling-categorization of children with either mild or severe degrees of exceptionality is singled out as a harmful practice. Ethical and legal issues then considered are the variance in meaning of categories of exceptionality, the ethics of classifying human beings, and recent law suits challenging the validity of placing certain children in special classes for the educable mentally retarded. Other topics briefly covered include psycho-social orientation to special education, mental retardation as an artifact of educational process, handicapped persons as surplus population, and teachers' training programs and exceptionality. The paper concludes by advocating that the practice of special classification and educational placement be removed from the current educational scene. (CB)

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'SPECIALNESS OF SPECIAL EDUCATION*

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'Specialness' of Special Education

The main thrust of this paper is to examine critically the existing special education practices in our schools where diagnosis has simply become a "Suspicion Confirming" excercise (Wilson, 1971). The concept of individual differences (meaning that in some respects Johnny is different from - more advanced or less advanced than - Billy) has led the "experts", trained in the medical setting, to use such words as "defective", "disabled", "retarded", "impaired", "disturbed", "disordered", "disadvantaged", to categorize and label children with special needs. Furthermore, the use of the medical model of categorizing and labeling has put children in special classes where they tend to perpetuate and reinforce both the categories and behaviour they assume to represent. To put it bluntly, special education is suffering from a serious disease caused by the hardening of the categories!

Until recently, most professional educators believed that special education was the answer for the learning/behaviour problems which children presented in schools. They believed further that society should do all it could to sponsor more programs for the atypical child. (Dunn, 1963, Cruickshank 1967, Garrison and Force, 1959). It was also thought that all an administrator needed was a confirmation of a suspected "problem" by a professional expert and a ready-made program could be brought to bear on the child. As Dunn (1963, p. 6) comments:

> Given a special education program geared to their abilities, the likelihood that exceptional children will become successful contributing members of our society is greatly enhanced. Thus, in addition to the humanitarian reasons, it is a good economic investment to provide proper services for exceptional children.

As a result of these attitudes special educators have advocated and practiced the segregation of severely handicapped children into classes which were given a "disability" label. This labeling-categorization has been extended to children with milder degrees of exceptionality. For example, Kirk (1972) thinks that individual differences have two components:

a. Inter-individual differences,

b. Intra-individual differences.

He asserts that the concept of interindividual differences is useful in classification or grouping of children, while the concept of intra-individual differences is useful for designing the instructional program for a particular child without reference to his rank with other children.

Special educators who follow the Psycho-diagnostic-remediation approach of Kirk and his associates think that discrepancies in physical, social, intellectual and educational areas should be carefully mapped on the profiles. These profiles should be used for remediation purposes. As Bateman (1967) states:

> If each child has posted on the front of his desk a profile view of his present level of development in areas such as understanding what he hears, categorizing ability, visual memory, etc. with the normal developmental sequence of ability in each area clearly spelled out, she (the teacher) could see at a glance (a) where the child is, (b) what skill comes next and (c) types of classroom activities suitable to move him a bit higher up the ladder (p. 25).

To make special education a "new scientific pedagogy", tests have been designed by splitting the "molar" behaviours into "molecular" behaviours. Claims of success are made by various researchers (Frostig, 1964, 1967; Kirk, McCarthy and Kirk 1968; Braun et al 1965; Ayres 1965; Sabatino 1969; Valett 1969) and many others regarding differential psychoeducational assessment and remediation.

It must be noted that the research so far has not demonstrated any evidence for the "cure-alls" suggested by various experts (Olson, 1966; Rosen 1965; McBeath 1966; Buckland, 1969; Jacobs, 1968). For example, the Doman-Delacato system (1959) which emphasized the development of a dominant hemisphere in the brain through exercises such as creeping,

cross-pattern walking, sleep patterning has been studied experimentally by Anderson (1965), Foster (1965), Robbin (1966), and by O'Donnell (1969) with essentially negative results. One also begins to suspect the validity of such programs when two diametrically opposed programs of remediation (Getman, (1964) and Delacato (1965) profess substantial success with the same group of symptoms.

Ethical and Legal Issues

Special education is often described as the educational services provided to those children who deviate from the average to such an extent or in such a way as to be unable to benefit maximally from the regular educational program. The categories of exceptionality, which vary from province to province (and from text to text!) are: mentally retarded, gifted, speech handicapped, visually handicapped, deaf and hard of hearing, learning disabled, emotionally disturbed and orthopedically handicapped and other special health problems.

Even if we are willing to posit some kind of innately given "urge to classify" that is characteristic of Homo sapiens, we are still left with the ethical question of who gets classified and into what kind of group. Furthermore, it has been noted that approximately 68 to 75% of the children are unfairly placed in special classes (Garrison and Mortimer, 1971; Reynolds and Balow, 1971; Dunn, 1968). Not only are many of these children misplaced, but the majority of those that are misplaced are from the minority groups (Dunn, 1968).

A number of educational problems have been created by the categorizing of pupils and programs. Educators have developed a tendency to stereotype or ascribe characteristics of the group to individuals. This commonly-followed practice has been prejudicial to the interests of the students. Secondly, the child's label once attached becomes an excuse for poor educational programs. Most of the teachers who work with exceptional

children associate the categories with negative expectation and then carry them into curriculum planning (Rosenthal, and Jacobson, 1968).

In the last two years law suits have been brought against public schools for placing certain children in special classes for the educable mentally retarded. Parents have turned to courts to challenge the administration and the findings of the "experts" who were using standardised tests for placement purposes. It is argued, that for many children testing does not accurately measure their learning ability. Testing is often done incompetently by a psychologist, who is not properly trained. Placement is done without the consultation of the parents. Placementsprocedures produces a stigma which has an unfortunate effect on the learning and cognitive style of the child. Furthermore, educational research has demonstrated that these programs have failed to develop fully the majority of such children academically, socially or vocationally (Ross et al, 1971).

The literature is cluttered with studies comparing the performance and adjustment of special class and regular class retardates. Unfortunately, most of the studies are vulnerable to criticism of methodology (Gardner, 1966; Spicker and Bartel, 1968). A few sophisticated studies done by Goldstein, Moss and Jordan (1965), Meyerosvitz (1962) show that attaching a label of mental retardation to an individual and segregating him in a special class with other individuals of similar evaluation has yet to be shown to result in unique social,educational, or vocational advantages for the individual. The above mentioned ethical, social and legal issues point to the fact that educators will not be in a position to hide behind the inexcusable use of standardized tests; they will have to examine the psycho-social factors before doing the "diagnostic workup".

Psycho-social Orientation to Special Education

Some special educators after going throughthe so-called "identity crisis" have turned to examine the model proposed by various sociologists and the "new-progressives" (MacIver, 1971; Friedenberg, 1972; Laing (1971); Illich, 1971; Herndon, 1968; Kozol, 1967; Kohl 1969; Holt, 1969; Postman and

Weigartner, 1969). The new-progressives are of the opinion that exceptional children are "special" not because they have certain distinctive physical and behavioural characteristics, but because our society chooses to treat such children differently, because "experts" define them as creating a problem, because social agencies particularly the schools, choose to create special arrangements for dealing with them.

This approach recognizes that disabilities have social consequences. Their focus is on the disabling reactions of other persons and society as a whole, rather than on the problems within the disabled individual. They emphasize that society creates a handicap by identifying a "condition" and by providing treatment for the condition so identified.

Mental Retardation as an Artifact of Education Process

Various surveys conducted by Sociologists (Wilson, 1971) prove that mental retardation, as special educators perceive it, is an artifact of the educational process. One such survey of mental retardation in the United States was done in Onondaga County New York. The surveyors went into a community and tried to identify the retarded of pre-school age, of school age, and of post-school age. They found that under age five the rate was twelve per thousand; at age 5, twenty-two per thousand; at age 6, forty per thousand. In the age group from 10 to 15 the surveyors found eighty per thousand; in the age group comprising 16 and 17 year-olds the number dropped to twenty-eight per thousand; and at age 18 and over they found only four per thousand. This survey showed that children could function adequately in their environment before the age of 5 and over the age 18, yet in between, where the environment was chiefly school, they had trouble functioning. It also showed that mental retardation, as special educators think of it, is an artifact of the education process.

Another work-experience project was conducted in Santa Barbara, California (Santa Barbara Work-Study Program, 1964). The school made the placements of all the educable mentally retarded youngsters of high school age in jobs in the community. Interviewers then interviewed these employers, asking them various questions, including, "Do you consider this person mentally retarded?" Only an insignificant percentage about five per cent of the

employers, considered that the students were mentally retarded. The school did not tell employers in the experience program when they were being sent a retarded student. This work-study program proved one significant point. It proved that as far as community was concerned, once children were out of school, they usually were not identified as mentally retarded. When they left school, went into the community, got jobs, no one in the community knew or cared to know about the category they belonged to in the school.

The above mentioned findings are supportive of Freidson's (1965) social definition of handicap. He states:

> What is a handicap in social terms? It is an imputation of difference from others; more particularly, imputation of an undesirable difference. By definition, then, a person said to be handicapped is so defined because he deviates from what he himself or others believe to be normal or appropriate (Freidson, 1965, p. 72).

The writings of sociologists and social psychologists such as Wright((1952), Goffman (1963), Guskin (1963), Kelley et al (1960), Coleman et al (1966), point to the fact that society and school create handicaps through defining standards that students cannot meet and then create distinctive remedial program to make the deviants come up to the arbitary standards of group. The label is attached to the individual without clearly understanding its implications. Furthermore, the individual does not accept the label for himself. A study by Edgerton (1967) showed that among forty-eight subjects leaving an institution for the mentally retarded, he was unable to find one who accepted the definition of himself as retarded.

Handicapped Persons as "Surplus Population"

In our mechanized society the handicapped individual has reduced life chances (Gerth and Mills, 1953; Miller 1965; Tumin, 1967). A great many of the decisions that influence the life chances of an individual are determined by persons other than himself. Faber (1968) has suggested that the life chances of most handicapped persons are reduced because they form part of the "surplus population" of the society. Our present social structure rigidly controls the number of slots and jobs and offices that will be available in future. It is

done in such a subtle way that even the affected group becomes conditioned to believe the inevitability of the operation. In other words, society first minimizes the life chances of certain individuals and then tries to solve the problem so created by providing remediation, control, and developing a series of institutions to meet the legal, welfare, and health requirements. Sad though it may sound, the "surplus population" contributes to the economic well-being of those who declare it surplus. The pool of personnel, the so called "experts", are mainly drawn from the upper middle class population to match for the organizational slots. These professionals consciously or unconsciously coin labels or verbalize about clusters of undesirable characteristics (for example, low cognitive level restricted linguistic codes, lower social class, impulsiveness, developmental hyperactivity leading to learning disabilities, membership in a minority group). The identification done by those experts leads to the handicapped individual's gravitation to the bottom of the social totem pole.

Teachers' Training Programs and Exceptionality

Until recently we have been telling our future teachers that educators have found many of the solutions to the problems of handicapped children and special education classes are the answers to all learning and behavioural problems. The team approach is a must. The teacher suspects a problem. The psychologist confirms the problem by using his standardized kit and recommends the placement where a ready-made program can be given to the child. At no time do we tell the future teachers that these programs are harmful to many children and that much of the expenditure of time, money, and effort is unjustified (Johnson, 1962). To put it briefly, the teachers are told that the disabled child has to be identified and helped so that he may adjust to the school environment as it exists.

The myth that formal schooling is useful for the child has been explored in the writings of scholars like Friedenberg (1972), Reimer (1971) and Illich (1971). Illich thinks that we are taught that we should quantify everything, -- whether it be imagination or child's personal growth.

Illich comments:

> People who submit to the standards of others for the measure of their own personal growth soon apply the same rule to themselves. They no longer have to be put in their place, but put themselves in their assigned slots, squeeze themselves into the niche which they have been taught to seek, and, in the very process, put their fellows into their places, too, until everybody and everything fits.
>
> In a schooled world, the road to happiness is paved with a consumer's index (p. 70).

A new breed of professionals titled Psycho-educational-diagnosticians have been busy preparing the learning profiles of children by using instruments such as I.T.P.A., Frostig and many others. These experts claim that differential assessment is needed to remediate the disabilities in children. It is claimed that these tests pin point "organismic processes" which must be ready before the child can do actual academic work. (e.g. auditory decoding, visual closure). For example, they claim, that if the child does not learn to read -- the child's problem is perceptual. Perceptual activities must be carried out to train his perception, which will then make the child a good reader. Needless to say, special educators in the near future, might start giving phrenological examination to evaluate various faculties of the special child!

Summary of Suggestions and Recommendation

> "If you don't know where you are going, any road will take you there."

This statement is as true in special education as in other facets of life. Special education has no theoretical basis. Theory and well researched evidence is needed to understand the learning problems encountered by the child and to provide a basis for the development of the methodology that may produce results. "Mother Hubbards' Cure-all" -- packaged material composed of colorful boxes, ditto sheets, and teacher's manual have failed to produce results.

The process of psycho-diagnosis in the past has been a search for an appropriate label, suchaas mentally retarded, perceptually impaired, emotionally disturbed, learning disabled, or some other such term which would permit the child to be enrolled in some special group. Once the goal of placement was achieved, the diagnostic process was thought to be completed. Research studies have revealed that such isolation has not, in fact, been the best kind of treatment for these children. Those responsible for special education should stop trying to squeeze every child who has a learning problem into one of the existing categories of special education programs by fitting him with a label that makes him eligible for a special class.

The practice of special classification and educational placement has been acceptable to those in general education, since it did succeed in removing the pressure from regular teachers and pupils. But it has been at the expense of the handicapped child. Dunn((1968) and others argue that special education research strongly indicates that such procedures have not been successful. They conclude from such findings that special education, as it has operated in the past, is obsolete. If that is so, it follows that handicapping can only be reduced by minimizing the segregation of the different child. Special educators must recognize the rising revulsion against simplistic categorization of human beings. They must be willing to explore various methods of program planning (Reynold and Balow, 1972) Beery, 1968; Seigel, 1969).

The emerging indications are that we should reorient our thinking about disabled persons (Laing, 1971; Freidson, 1965). We have largely operated or been trained in a medical setting with the result that we see our role as diagnosing and treating the handicap of the individual. We still tend to see adjustment problems as a function of problems within the individual and we are so wrapped up with our diagnostic skills that we see the clients' acceptance of our diagnosis as the major prerequisite for his remediation (Mann, 1969; Mann, 1971).

Mann comments:

> The test instruments of psychometric phrenology can be justified as they presently stand -- if their use is reserved for the behavioural laboratory, the sober experimentalist, the canny clinician. However, because of their appeal, their relative simplicity of interpretation, and their classroom orientation, they have also mustered as enthusiasts a multitude of psychometric innocents and illiterates and this is particularly true in the perceptual camp (Mann, 1971, P. 12).

These teachers and psycho-educational-diagnosticians have been trained by teachers'training institutions for the last ten years. Basically, they have been trained to reinforce categorization. They are remediating reifications rather than helping children. As teacher educators, we are responsible for spreading this belief in phrenology by offering courses that deal with differential diagnosis and remediation -- based on instruments which have not even been properly researched.

A handicapped person is not intrisically unhealthy. He does not have inherent undesirable traits. He is handicapped because of the social response or the labels we place on him. If this is so, it is suggested that we should eliminate all diagnostic procedures that cannot be demonstrated to result in successful treatment attempts. Furthermore, we should totally avoid treatment whenever the effectiveness of treatment cannot be demonstrated.

If it is experimentally proven that treatment is necessary and useful, all efforts should be made to make the service as invisible as possible. The invisibility of service is possible if we lay more emphasis on developing programs for the whole child, rather than developing instruments that will help us to categorize the population.

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